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CONFIRMATION NO. 3773

SERIAL NUMBER 09/394,135	FILING OR 371(c) DATE 09/10/1999 RULE	CLASS 433	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. NAES1980
APPLICANTS DR. HOLGER K. ESSIGER, WEDEMARK, GERMANY;				
** CONTINUING DATA ***** This application is a CIP of 09/113,031 07/09/1998 ABN <i>yes a</i>				
** FOREIGN APPLICATIONS ***** GERMANY 197 29 222.4 07/09/1997 <i>yes a</i> GERMANY 198 03 628.0 02/01/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/29/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>a</i> Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 40
				INDEPENDENT CLAIMS 3
ADDRESS 30996				
TITLE DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL BONE, ESPECIALLY THE JAW AREA FOR DENTAL APPLICATIONS				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	